**HR-22 TEXAS DEPARTMENT OF PUBLIC SAFETY**

**Contractor Background Application**

**This form is only for use with Contactors providing service to DPS. Fingerprints must be obtained within 30 days of signature (45 days if out of state); if fingerprints are not obtained within timeframe, a new form must be submitted.**

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, 559.004.)

Instructions: Answer all questions completely. If the question is not applicable write “N.A.” Write “UNKNOWN” only if you do not know the answer and cannot obtain the answer from personal records. **This form along with a copy of the fingerprint receipt** **must be forwarded to the Contractor Background inbox by the DPS Contact Person listed below**.

**SCREENING CRITERIA FOR DPS CONTRACTORS**

**Note: Disqualifiers will vary dependent upon the position applied for, and there may be**

**additional disqualifiers for specific positions. The following are automatic disqualifiers.**

1. A conviction for a felony.
2. An entering of an order of deferred adjudication for a felony, until five years after court supervision ceased and the case was dismissed.
3. A conviction of driving while intoxicated during the five-year period immediately prior to the date of application.
4. A finding by a court of competent jurisdiction that the applicant was a delinquent child during the five-year period immediately prior to the date of application. If the applicant’s record in the proceeding is ordered sealed, the incident should be disregarded and treated as though it did not exist.
5. The applicant’s driver license has been suspended, including a probated suspension, by the Department during the last three years as a habitual violator.
6. The applicant’s driver license has been suspended for refusal to submit to a chemical test within the last five years.

**Type or Print**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DPS Division, Contact Name and Phone (**Required**): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position applied for: | | | | |  | | | | | | | | | | | | Confidential/Criminal History Access?  Yes  No | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| Contract Begin Date: | | | | |  | | | | | | | | | | | Contract End Date: | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the applicant been fingerprinted as a DPS Contractor? | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor/Company Name & Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL BACKGROUND** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Applicant Full Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Other Names (Aliases, maiden names, nick names, etc.): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residence Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Information: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Cell: | |  | | | | | | | | | Office: | |  | | | | | | | Email: | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | |  | | | | Place of Birth: | | | | |  | | | | | | | | | | Gender: | |  | | Race: |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSN: |  | | | | | | DL No.: | |  | | | | | Class: | | |  | | State: | | |  | | | | DL Expires: | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CERTIFICATION THAT MY ANSWERS ARE TRUE**  **I have read and understand each of the above questions. My statements on this form and any attachments to this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | Date: | | |  | | | | | | | | |